

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application

As a named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 3 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHODS AND APARATUS FOR HANDLING REQUESTS IN A NETWORK

the specification of which (check one)

☒ is attached hereto.

☐ was filed on _____ as United States Application Serial No.: _____

and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known by me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			Priority Not Claimed	Certified Copy Filed?	
				YES	NO
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year filed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

(Application Number) (Filing Date)

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1003455 "624E001"

Post Office Address Same as Above

Table 1. Demographic characteristics of the study population	
Age (years)	Mean (SD)
Male	65.2 (10.5)
Female	68.5 (11.2)
Marital status	
Married	72.5%
Single	27.5%
Education level	
High school or above	65.0%
Below high school	35.0%
Occupation	
Retired	78.0%
Unemployed	22.0%
Income (US\$ per month)	
< 1000	15.0%
1000-2000	45.0%
> 2000	40.0%
Health insurance	
Medicare	85.0%
Private	15.0%
None	0.0%
Comorbidities	
Hypertension	60.0%
Diabetes	35.0%
Cholesterol	45.0%
Heart disease	25.0%
Stroke	10.0%
Arthritis	55.0%
Depression	20.0%
Alcohol use	
Never	30.0%
Occasionally	40.0%
Frequently	30.0%
Smoking status	
Never	65.0%
Former	30.0%
Current	5.0%